

# Crime Report

City of \_\_\_\_\_ Date \_\_\_\_\_

Victim \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Witness #1

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

## Witness #2

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Involved Vehicle Make \_\_\_\_\_ License # \_\_\_\_\_

Color \_\_\_\_\_

## Suspect Description:

Name \_\_\_\_\_

Approximate Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Color Hair \_\_\_\_\_ Color eyes \_\_\_\_\_

Distinguishing Characteristics \_\_\_\_\_

\_\_\_\_\_

## Case Summary

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reporting Officer \_\_\_\_\_ Approved by \_\_\_\_\_

# Prehospital Care Report

Call Date <u>2-18-97</u>	Provider Number <u>683</u>	Unit Number <u>021</u>	Incident Number <u>8665239989</u>	Inter-Facility Transfer Number <u>0003987</u>	Call disposition <u>64</u>
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Response <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	Transport Code <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Time Of Call 23:13	Time Enroute :06	Time Arrived On Scene 23:19	Time Left Scene/ Call Cancelled 23:42	Time Arrived At Destination 23:56	Base Hospital Contact <input checked="" type="checkbox"/> Made <input type="checkbox"/> Attempted <input type="checkbox"/> Not attempted	Time Of Base Hospital Contact 23:25
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Patient Name (Last, First, MI) <u>Doe, Jane J.</u>	Patient Address <u>286 Myrtle St.</u> <u>Anytown, USA 00000</u>	Incident Location <u>1500 block Cedar &amp; Vine</u>
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Patient Age <u>56</u>	Months <input checked="" type="checkbox"/> Years	Patient DOB <u>6-22-41</u>	Patient Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	EST. Patient Weight <u>88</u> kg	County <u>03</u>	Map Zone <u>621555</u>	Number Of Patients At Scene <u>01</u>
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Chief Complaint <u>right leg pain, chest pain, shortness of breath</u>	Allergies <u>penicillin, iodine, tape</u>
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Medical History <u>Diabetes &gt; 5 yrs., Hypertension &gt; 5 yrs.</u>	Medications <u>glucophage, glucotrol, Capoten,</u> <u>Lopressor</u>
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Initial Physical Examination Unremarkable Head <input type="checkbox"/> <u>small laceration right side forehead with large hematoma</u> Neck <input checked="" type="checkbox"/> _____ Chest <input type="checkbox"/> <u>bruising to center of chest</u> Abdomen <input type="checkbox"/> <u>large distended, nontender</u> Back <input checked="" type="checkbox"/> _____ Pelvis <input checked="" type="checkbox"/> _____ Limbs <input type="checkbox"/> <u>both legs multiple lacerations, right lower leg swelling</u> Neuro <input type="checkbox"/> <u>lethargic, confused</u> Skin Signs <input type="checkbox"/> <u>pale, cool, diaphoretic</u>	GCS	Eye 4 spont 3 voice 2 pain 1 none	Verbal 5 oriented 4 confused 3 inapprop 2 incompr 1 none	Motor 6 obeys 5 localizes 4 withdrwl 3 flexion 2 extension 1 none	Mechanism Of Injury <u>03</u>	
					Types Of Illness/Injury <u>010</u> <u>007</u> <u>015</u> <u>   </u>	
		Time	E	V	M	Total
		<u>23 : 19</u>	<u>4</u>	<u>4</u>	<u>6</u>	<u>= 14</u>
		<u>23 : 28</u>	<u>3</u>	<u>4</u>	<u>6</u>	<u>= 13</u>
		<u>23 : 55</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>= 12</u>

Field Clinical Impression MVA—head on collision with larger vehicle. Possible head injury, fractured tib/fib R

Care Giver	Time	Procedure/Medication Description	Response/Comments	Blood Pressure	Pulse Rate	Resp Rate
A+B	23:20	Arrived on scene—assessed Pt.		/	110	24
A+B	23:25	002 Extricated from car—Cspine precautions)		/		
B	23:26	010 Vital signs	LOCX3, breath sounds clear bilat.	158/90	112	20
A+B	23:27	Pt in back of ambulance on backboard		/		
A	23:29	012 IV NS #20g cath R	LOCX2	/		
A+B	23:35	344 R Lwr leg spinted, c/o chest pain BS R base c crackles		170/95	121	28
A	23:36	312 Base contact, further instruction O2 sats 95%		/		
B	23:37	Enroute to hospital		/		
A	23:45	262 Pt c/o severe chest pain—morphine sulfate 5 mgIV		175/110	122	24
A	23:47	015 Fluid bolus 250 MI		/		
A+B	23:56	Arrived base hospital		/		
A	24:00	Report given to nurse		148/92	110	20
	:			/		
	:			/		
	:			/		
	:			/		
	:			/		

Special Scene Conditions <input type="checkbox"/> ALS w/o base hosp. <input type="checkbox"/> contact <input checked="" type="checkbox"/> Complicated extrication <input type="checkbox"/> DNR <input type="checkbox"/> Drug use susp. <input type="checkbox"/> ETOH use susp. <input checked="" type="checkbox"/> Hazardous material	<input type="checkbox"/> MCI <input type="checkbox"/> Mult. EMS providers <input type="checkbox"/> Poss. provider exposure <input type="checkbox"/> Unsafe scene <input type="checkbox"/> Other _____	Safety Equipment Used <input checked="" type="checkbox"/> Lap restraint <input type="checkbox"/> Lap/shoulder restraint <input type="checkbox"/> Child safety seat <input type="checkbox"/> Airbag <input type="checkbox"/> Helmet <input type="checkbox"/> Protective clothing	MVA Conditions <input checked="" type="checkbox"/> Bent steering wheel <input type="checkbox"/> Death in same vehicle <input type="checkbox"/> Ejection <input type="checkbox"/> Passenger compartment intrusion <input type="checkbox"/> Rollover	Destination Decision Reason <input type="checkbox"/> Nearest receiving facility <input type="checkbox"/> Base order <input type="checkbox"/> Diversion <input type="checkbox"/> Physical requested <input checked="" type="checkbox"/> Pt/Family requested <input type="checkbox"/> Triage to trauma center <input type="checkbox"/> Triage to other specialty center <input type="checkbox"/> Other	Receiving Hospital <u>0341</u> Base Hospital <u>0341</u> Base MD <u>Kerr</u> MICN <u>Barton</u>
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Care Transferred To Agency <u>Anywhere Hospital</u>	Time <u>24:00</u>	Cert. Number A) <u>5439</u> B) <u>1718</u> C) _____	Name (print) <u>James P. Medic</u> <u>Nancy Johnson</u>	Signature _____ _____
Name _____				

# Prehospital Care Report

Date \_\_\_\_\_ Unit Number \_\_\_\_\_ Incident Number \_\_\_\_\_

Patient Name \_\_\_\_\_ Patient Address \_\_\_\_\_

Patient Age \_\_\_\_\_ Patient DOB \_\_\_\_\_ Patient Gender \_\_\_\_\_ Patient Weight \_\_\_\_\_

Chief Complaint \_\_\_\_\_ Allergies \_\_\_\_\_

Medical History \_\_\_\_\_ Medications \_\_\_\_\_

Initial Physical Examination		Special Scene Conditions
Head _____		
Neck _____		
Chest _____		
Abdomen _____		Safety Equipment Used
Back _____		
Pelvis _____		
Limbs _____		
Neuro _____		Motor Vehicle Conditions
Skin Signs _____		

Care Giver	Time	Procedure/Medication Description	Response/Comments	Blood Pressure	Pulse Rate	Resp. Rate
Care Transferred to		Name	Signature			
Agency		Time				
Name						

# Emergency Incident

Using the information in this incident as described here, write prehospital care and police reports as directed.

July 15, 1997, 2:15 P.M.

Kelly Pearson, age 13, and Janet Jensen, age 14, were waiting for the bus at the corner of Grant and Main Streets when they noticed a 1990 Chevrolet driving erratically down Grant Street. Just as the car reached the corner, a boy named Jessie Jameson, age 11, came riding down Main Street on a bicycle. He and the car collided. There was a loud crash from the bike hitting the car, and the boy was thrown approximately 10 feet from where the car hit him. The car slowed down momentarily but did not stop.

Kelly got a partial license number—California 2 BTW . . . . The driver was a white male in his twenties with brown hair. The boy thrown from the bicycle was moaning, and there was a lot of blood.

Susan Windham, the driver of another car, who had seen the incident from half a block away, stopped and called 911 from her cell phone and then got out to help. The two girls were very scared and began to cry. Ms. Windham quickly got a coat and put it over the injured boy who was shivering and crying in pain.

Windham could tell his arm was broken because of the strange angle at which it lay, and his leg was twisted underneath him and might have also been broken. His face had many cuts and bruises, and his eye was quickly swelling shut where he had landed on it. Ms. Windham continued to talk to him quietly, telling him that she had called an ambulance and he would have help soon.

Just then, a police car arrived. Two officers got out, and one ran over to where the boy was lying to see whether he could help with first aid. The other officer spoke into his car radio and then got out a pad and began asking questions of the two girls and the woman while the first officer stayed with the boy. The females answered the officer's questions and one at a time told the officer what they had witnessed.

The ambulance arrived, and two paramedics got out and ran to where the boy was lying. One then ran back, got a gurney, some splints, and a blanket and brought them to where the boy lay. Two more police cars arrived to help. The first paramedic began checking the boy all over, asking whether this hurt and that. The EMT got the boy's name and phone number, and a police officer went to the car radio to call the parents. The EMT's could see the arm was going to need a doctor's help, also the leg. They immobilized the arm and leg and gently placed the boy on the gurney. One took his blood pressure. It was 132/80. His eyes were glassy with pain. His face was bleeding. His temperature was 99.1 degrees Fahrenheit and he was breathing about 25 breaths per minute.

His mother arrived just as the EMT's were putting the gurney into the ambulance. The officer questioned her a minute. "I have to go with my son," she said, and got into the ambulance with him, leaving her car parked at the side of the street. The officer told the girls and Ms. Windham that the police would be contacting them later. They removed the broken bicycle from the street and directed traffic around the scene as it was happening.